

Arkansas Department of Health and Human Services

Division of Health, Environmental Health Protection
4815 West Markham, Little Rock, Arkansas 72205-3867

Receipt Number

For Department Use Only

License Number	Field	Soils	Problem	Written
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Designated Representative License Application Form

Please complete the License Application Form providing all applicable information. If this form is not completed using a word processor, please print using black or blue ink when providing the requested information. Any changes made to form fields contained in this document will invalidate the application.

Personal Information

Name (Last, First, Middle Initial)	County
Address	Home Phone
City State Zip	Work Phone
E-mail Address (include domain name)	Fax Number

Qualifications

Please check any of the below listed licenses and registrations you currently hold in the State of Arkansas. Be sure to write the number of the respective license in the space provided.

☐ P.E. _____ ☐ R.S. _____ ☐ Plumber _____ ☐ P.L.S. _____

Similarly Qualified

If you do not currently hold one of the above listed licenses or registrations, you may still apply for a Designated Representative License if you meet the requirements under *Similarly Qualified Applicants*. The requirements to be considered *Similarly Qualified* are listed below. Please check all applicable items.

☐ College Degree

- 30 hours in natural science or math
- attached copy of your college transcript

☐ 3 Years Experience

- experience must be in septic system design
- attached statement from an Environmental Health Specialist and Designated Representative affirming experience

Please attach all required documentation when submitting this application. Be informed that any and all documentation submitted with this application is subject to verification by the Division of Health.

Briefly describe your experience in septic system design.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that all the information requested in this application is considered important by the Division of Health in evaluating my qualifications for licensing as a Designated Representative. I further understand that if I obtain a Designated Representative License, any false, misleading, or incomplete information provided by me on this application shall be grounds for revocation of my Designated Representative License.

Signature of Applicant	Date
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